

TRINOME

- CONSEILS -

PAY EQUITY

Validation of your obligations

Work assessment to implement or to maintain a pay equity program

Name : _____ Company name : _____

Email : _____ Phone number : _____

1	Have you already developed a pay equity program? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate the year of it's implementation : Be sure to attach a copy of your last DEMES (Déclaration de l'Employeur en Matière d'Équité Salariale)	
2	If you have never completed your pay equity program, specify: a) year of creation of the company? b) the year in which the company grew to 10 or more employees?	a) b)
3	Presence of one or more trade unions?	<input type="radio"/> One union <input type="radio"/> Multiple unions <input type="radio"/> No
4	Number of job categories (e.g., secretary, driver = 2 categories)	
5	Do you have written descriptions of positions?	<input type="radio"/> Yes <input type="radio"/> No
6	Do you have a formal salary structure in writing?	<input type="radio"/> Yes <input type="radio"/> No
7	Do you have a pension plan? <input type="radio"/> Yes <input type="radio"/> No If yes, is it for all employees or for certain categories? Please specify:	
8	Do you have a group insurance? <input type="radio"/> Yes <input type="radio"/> No If yes, is it for all employees or for certain categories? Please specify:	
9	Do you have a bonus system? <input type="radio"/> Yes <input type="radio"/> No If yes, is it for all employees or for certain categories? Please specify:	
10	Do you have employees who are paid by commission? <input type="radio"/> Yes <input type="radio"/> No If yes, is it for all employees or for certain categories? Please specify:	

Attach internal documents if you deem it appropriate.

Once completed, please save a copy of the document and return it by email to

caroline.charest@trinomeconseils.com